



AMENDMENT / RESPONSE TRANSMITTAL

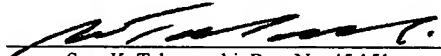
Applicant : Andersson, et al.
 App. No. : 10/623,119
 Filed : July 17, 2003
 For : MUSCARINIC AGONISTS
 Examiner : Unassigned
 Art Unit : Unassigned

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 24, 2003

(Date)


 Sam K. Tahmassebi, Reg. No. 45,151

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Preliminary Amendment in 14 pages.

The fee has been calculated as shown below:

| FEE CALCULATION | | | | |
|--------------------|-----------|--------------|----------------------|----------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 36 - 76 = | 1202 (\$18) | x 18 = | \$648 |
| Independent Claims | 8 - 12 = | 1201 (\$84) | x 84 = | \$672 |
| Multiple Claim | | 1203 (\$280) | | \$ |
| 1 Month Extension | | 1251 (\$110) | | \$ |
| 2 Month Extension | | 1252 (\$410) | | \$ |
| 3 Month Extension | | 1253 (\$930) | | \$ |
| | | | TOTAL FEE DUE | \$1,320 |

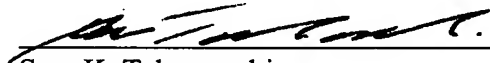
(X) A check in the amount of \$1,320 is enclosed.

(X) Return prepaid postcard.

Docket No.: ACADIA.011DV1

Customer No.: 20,995

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Sam K. Tahmassebi
Registration No. 45,151
Attorney of Record
Customer No. 20,995
(619) 235-8550

LAMEND-TRANS
S:\DOCS\SKT\SKT-4206.DOC
092403